

(Print Name of lobbyist)

PLEASE PRINT

# STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# **RECEIVED**

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(Telephone)  (Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report eportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following client:  Bedford Ambulatory Surgery Center  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which neelated to any particular client.  V. Date of Report April 25, 2018   Supports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18  October 31, 2018   January 30, 2019   January 30, 2019   January 30, 2019   activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18  V. There have been no fees received and no reportable transactions made since the last report.   If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.  VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses	II. Name of lobbyist	rs partnersmp, i	irm or corporation, if any	, •		
One Capital Plaza Concord NH 0330 (State) (Street) (Town/City) (State) (Zip Code) usiness Address: (Street) (Town/City) (State) (Zip Code) (State) (State) (State) (Zip Code) (State) (State) (Zip Code) (State) (S	RYP Granite Strat	egies, LLC	Germ or corneration)	<del> </del>		
Singular Capital Place  (Town/City) (State) (Zip Code)  (All - 4307	•	•	-	.wa	NU	03301
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•	(a)		Z	October		
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# P L E A S E P R I N T

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

# RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s) <u>David Collins/Gina Powers/Glenn Wallace/</u>	Richard Pa	arsons/David McKillop
II. Name of lobbyist's partnership, firm or corporation, if any:		
RYP Granite Strategies LLC (Name of partnership, firm or corporation)		
III. Name of Client Bedford Ambulatory Surgical Center	Date _	October 31, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	it relations.	or public relations services
a) Total of all fees received in this reporting period		12,900.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) <b>\$</b> ear)	28,350.00
c) Total of all fees received to date (Add lines a and b)	c) \$	41,250.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) <b>\$</b>	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for examilunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lobb (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with value greater to be given to the subject of lobbying with a value greater.	may be file and be aggregate expenses; (I ple: meals pless than \$1 porting periodulus of greaters and porting periodulus of greaters and be gr	led for the lobbyist(s)/firm. e total of all expenses paid b) the aggregate total of all purchased during a business 0 that is given to the person value of \$25.00 or less); and od of greater than \$25.00 for the ter than \$25, purchase of a

restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
  b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.
- a) \$ \_\_\_\_12,900.00
- ь \_\_\_\_\_
- c) \$ \_\_\_\_\_0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$12,900.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)  f) Total of all expenses year to date	e) \$28.350.00 f) \$41,250.00
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or aff is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)  David G. Collins	October 31, 2018 (Date)
(Print Name of lobbyist)	